

## DEPARTMENT OF CONSUMER AFFAIRS P.O. Box 942507, Sacramento, CA 94258-0507 (916) 574-7950 (916) 574-8676 Fax



## **INTERNET COMPLAINT FORM**

PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

PERSON FILING COMPLAINT (COMPLAINANT):				COMPLAINT FILED AGAINST ADDRESS (NUMBER)	(RESPONDENT): (STREET)	LICENSE/REG. NO IF KNOWN
ADDRESS	(NUMBER)	(STREET)	(APT)			
(CITY)		(STATE)	(ZIP CODE)	(CITY)	(STATE)	(ZIP CODE)
PHONE WHERE YOU CAN BE REACHED: 8am-5pm				BUSINESS PHONE NUMBER		
(AREA CODE)				(AREA CODE)		
HOME PHONE				WHO DID YOU DEAL WITH?		
(AREA CODE)						
PLEASE SP	ECIFY TYPE OF	COMPLAINT:				
=	tomotive Repair Electronic and/or Applicance Repair		Cemetery	Home Furnishings or Thermal Insulation		
=	vate Investigator Private Security Company			Funeral	Burglar Alarm Company  Firearm/Baton Training Facility/Instructor	
Reposse Smog C	ession Agency	Security Gu		Crematory Locksmith	Proprietary Private Se	
Other:	Heck	Treating Aid	Dispenser	Locksmith		ecunity Officer
PRODUCT/MODEL/ /ITEM OF CONCERN:					DATE OF PURCHASE/REPAIR/SERVICE:	
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFICWHO, WHAT, WHEN, WHERE, HOW): (Use additional paper if needed)						
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?						
READ THE FOLLOWING BEFORE SIGNING BELOW						

Please attach to this form copies of any papers involved (contracts, bills received, correspondence, invoices, estimates, etc). Paperwork received will not be copied and/or returned.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE |DATE